

# Biller “B” Aware Archives

## Resolved Issues

- **February 28, 2005** - Any providers that submitted claims prior to January 18, 2005 and are receiving a 332 Rejection in error, please resubmit these claims. The Medicaid system was not paying the date of death correctly and it caused for these claims to reject. The process is now fixed within the system. Please resubmit all rejected claims as new. For more information or questions, please contact Provider Inquiry at 1-800-292-2550.
- **February 18, 2005** - Effective immediately, please discontinue sending tertiary (paper) claims to Revenue and Reimbursement as previously instructed. The systems problem that prevented claims from processing through normal channels has been identified and corrected. Special processing of claims with Commercial insurance and Medicare with Medicaid as tertiary is no longer required. If you have questions please contact Provider Inquiry at 1-800-292-2550.
- **January 18, 2005** - Payroll for pay cycle 3, pay date January 19, 2004 is running late in the system. The paper warrants will not be issued until Monday January 24, 2005 and the EFT's will be issued on Tuesday, January 25, 2005. Pay cycle 4 is currently projected to go out on time.
- **January 13, 2005** - Private Duty Nursing (PDN) claims generated by Authenticare for pay date 12/09/2004 - 01/10/2005 have errored out in the system and no payments have been made. These files will be regenerated by Authenticare and sent back through the system.
- **December 20, 2004** - Since pay cycle 48, December 1, 2004, there have been problems with the Medicare/Medicaid Crossover Claims. The Medicaid ID number that is being reported on the claims to Medicare is not being sent to Medicaid. Therefore, Medicaid is unable to process these claims because we are unaware of which provider is submitting the claims. MDCH is working with WPS to get this issue resolved and will post information on the website when the problem has been fixed. For now, providers are asked to either hold their claims if they are within the timely filing or submit their claims directly to Michigan Medicaid.
- **October 29, 2004** – Pended claims will no longer be appearing every 60 days on a Remittance Advice (RA). Pended claims will only reappear after they have been adjudicated. You will not need to rebill a pended claim to keep it active, you will only need to rebill, if applicable, after a pended claim rejects. If a claim is pending longer than 6 months, please contact the Provider Inquiry line at 1-800-292-2550.
- **October 29, 2004** – Claims that completely rejected with edit 552 on Pay Cycle 40 will be automatically resubmitted in the Medicaid system. MDCH is still working on the claims that partially pend and rejected due to the 552 edit. Please be aware that if your claim correctly rejected for the 552 edit on Pay Cycle 40, it will reject again. Any questions, please contact the Provider Inquiry line at 1-800-292-2550.
- **October 5, 2004** – We have identified a system problem with edit 552 on Pay Cycle 40. This edit is setting in error causing claims to reject. Any claims that have been rejected in error will be resubmitted for you. You do not have to rebill. Watch for these claims to reappear on a future Remittance Advice. Any questions, please contact the Provider Inquiry line at 1-800-292-2550.